



# SHOT TALK



## Vaccine Recall Notice

On December 12, 2001, the San Antonio Metropolitan Health District (SAMHD) Immunization Division was notified by the national Centers for Disease Control and Prevention (CDC) and Merck & Co., Inc. of a voluntary recall of hepatitis A vaccine in prefilled syringes. Re-tests of this vaccine product—in prefilled syringes only—have revealed a decreased antigen content in some syringes, below the established minimum specifications. As a result, the possibility exists that persons vaccinated with VAQTA® in prefilled syringes from specified lots may be insufficiently protected against hepatitis A. SAMHD Immunization Division records reveal that 2,500 doses of VAQTA® hepatitis A vaccine with the **0547K** and **0680K** have been distributed to SAMHD Vaccines for Children (VFC) providers between February and August, 2001.

We request that you review your stock of VAQTA® hepatitis A supplies immediately. The indicated lots should be quarantined (put aside) and should no longer be used. Although it is unlikely that many providers still have these lot #'s remaining in stock, you are kindly requested to call Vaccine Management (921-1178) if you have any remaining stock of lot # **0548K** and **0680K** so they can be picked up. **VFC Providers should not return any VFC supplied VAQTA® lots directly to Merck.** Recalled VAQTA® lot numbers that you purchased for your non-VFC patients should be returned to Merck (or your distributor) according to the

instructions sent to you from Merck (or call 1-800-439-4958).

If in your clinical assessment, revaccination against hepatitis A and/or antibody testing is indicated for these patients, you may consider the following guideline from Merck:

» **If 2 doses of Hep A received, one or both from indicated lot, antibody test is indicated 4 weeks after vaccination, if result is positive do not revaccinate, if result is negative revaccinate with 2 doses.**

» **If 1 dose of Hep A received from indicate lot, antibody test not indicated, revaccinate with 2 doses.**

If you choose to do antibody testing, the laboratory service will be free. Please contact Merck & Co., Inc. (1-800-439-4958) via telephone for a complete set of instructions. If you have questions with respect to returns of VFC vaccine, please contact Anthony Johnson at 921-1178 or Vivian Flores at 207-2868.

## Director's Holiday Greetings

As our community ends another year, and prepares to begin the year 2002, there is much to be thankful for. Yet at the same time we cannot forget the unbelievable tragedy of "9/11", and the unforgettable human

experiences that affected all of us -our world cannot ever be the same, and the long term consequences will be profound, and felt in so many different ways.

Though here in San Antonio we are many miles removed from the so-called, "ground zero", we have been a part of these experiences, and very much appreciate the support that our VFC and immunization providers have given us as public health extenders to reassure our community, and keep it healthy. On behalf of the Department of Public Health, I thank all of you for your continued good work in maintaining high levels of immunization coverage, and your participation in our public health efforts for the improved health of our community.

With my sincere wishes to all of you, your families, patients, and staff for a safe, healthy, and blessed Holiday Season, and my hope that the new year will be free of the kind of tragedies, and loss of so many innocent lives that we experienced during 2001.

Sincerely,

Fernando A. Guerra, M.D.,M.P.H.  
Director of Health



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## VFC Program 2001 Review

During 2001 the Vaccines For Children (VFC) Program and staff worked with VFC providers and their staff to keep them up to date on the most current immunization information. The VFC team provided 279 VFC immunization educational inservices for 1,326 medical professionals.

Throughout 2001 the Vaccines For Children Program faced vaccine supply challenges and continued to expand. During 2001 Td vaccine supplies nationwide became scarce, prompting the Texas Department of Health to defer the 10-year booster dose for students at approximately 14 years of age. The national supply of DTaP vaccine was affected by the shortage of Td vaccine resulting in a reduction of available DTaP vaccine. The newest vaccine on the block, Prevnar, received wide acceptance in the medical community and by parents creating a shortage of the vaccine based on the principle of supply and demand.

These vaccine supply issues have forced VFC providers and the Health District to adjust vaccination practices based on recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP). The National Immunization Program is optimistic that vaccine availability will improve for all three vaccine during 2002 based upon information from vaccine manufacturers. The VFC Program will continue to provide updates on vaccine supply issues as they become available.

Despite these challenges the VFC Program continued to grow in 2001 by recruiting an additional twenty-one new VFC providers. Since the October issue of *Shot Talk* the following providers have joined in the efforts to improve immunization rates in San Antonio: Westlakes Primary Care, CentroMed Southside Clinic, Associates in Family Medicine, Dr.

Zavier Cortado, Dr. Meena Chintapalli, Val Verde Health Center, and San Antonio Pediatrics Associates – Oak Center.

Welcome to all the new VFC providers. The VFC staff sends holiday wishes to Vaccines for Children providers and their staff. If you have questions about the VFC Program you can call Vivian Flores at 207-2868.

## QA/AFIX Accomplishments

Throughout the year 2001, the Quality Assurance/AFIX Program accomplished a record number of VFC site visits. A total of 188 visits were conducted with 143 facilities also participating in a records review. The Quality Assurance (QA)/AFIX (Assessment, Feedback, Incentives and Exchange) team would like to congratulate the Doctors and staff of; Dr. Robert Johnson's Pediatrics, Southwest Children's Center, Dr. Fernando Guerra Pediatrics, and Great NW Family Medical Center for achieving an immunization coverage rate between 80-89% for the 4:3:1:3:3 immunization series. This means that over 80% of the children visiting these clinics completed their required immunizations of 4 DTaP, 3 Polio, 1 MMR, 3 Hib and 3 Hep B by 24 months of age. This is a definite improvement over the results for 2000 when just one facility achieved over 90% and two accomplished between 80-89%.

Since our last newsletter the following sites received a VFC site visit and/or records review: Dr. Luis Cantu, Dr. Do-SW Military, Northside Pediatric Clinic, Southwest Children's Center, Jefferson Family Practice, Primary Care Associates, Dr. Robert Johnson, Dr. Fernando Guerra, Wesley Primary Care Clinic, University Health Center-Children's Clinic, South San Antonio Medical Associates, Dullnig House, Nacogdoches Walk-in Medical Clinic, San Antonio Institute of Medicine, South Alamo Pediatric Clinic, Dr. G. Scott Cuming, Health Texas Medical Group-New Braunfels,

St. Mary's University-Student Health Center, Office of Dr. Tamez, Office of Dr. Michael Dorsa, Dr. K Job Chacko, Barrio Comp Family Health Center DBA Ella Austin, Great NW Family Medical Center, La Mission Family Health Care, El Centro Del Barrio-Dwyer Clinic, Dr. Delio Romeu, Dr. Conner Chase, DBA Family Clinics of San Antonio, San Antonio Pediatric Associates, South Alamo Medical Group, Dr. Nandakumar, and Health Texas Medical Group-SW Military.

The QA/AFIX staff have identified three immunization policy or practices that consistently lead to low immunization rates in San Antonio VFC provider facilities:

1. Immunization histories not being kept in medical records.
2. The fourth DTaP dose is often missing. Most providers are waiting until a child is between 15-18 months old to give the fourth dose. The children are not returning for that dose until they become school age. An effective recall system would help providers ensure that the fourth dose of DTaP is given by 18 months.
3. The date for the first Hep B dose is frequently not recorded. The notation seen in records commonly indicates "at birth or at hospital". A complete date is necessary to validate the dose was given to include month, day, and year.

All VFC providers have been encouraged to utilize assessment tools to simplify keeping patient's immunization status up to date. The Clinic Assessment Software Application (CASA) program was requested and installed in three facilities: St. Mary's University Student Health Center, St. Martin Hall, and Barrio Comprehensive Clinic.

If you have any questions regarding the installation of assessment software, training, or wish to schedule a site visit, please contact Keith Mason, QA/AFIX Coordinator at 207-8142.



## Why SAIRS is the Answer



The immunization schedule becomes increasingly complex as new vaccines are added. Keeping track of a child's immunization record can be very difficult for both providers and parents. Immunization registries have the capability to instantly assess a child's status and send out reminders to parents and guardians. The San Antonio Immunization Registry System (SAIRS) has recently upgraded the autodialer system, and is in the process of redesigning the web page to make accessing children's immunization records uncomplicated. SAIRS makes it simple for parents to get their child's shot records for child care, school, or camp enrollment. As families move or change providers, which is a common occurrence for those who need our help most, their children's immunization records in SAIRS will remain intact and easily accessible to new providers.

Registries help ensure that children receive immunizations needed while preventing them from receiving unnecessary doses of vaccine when their records aren't available. With the recent upgrade to the SQL 2000 Enterprise Server, SAIRS has started the first phase of data warehousing. With recent technology advancement, other public health services such as lead screening, hearing screening, Special Supplemental Nutrition Program for Women, Infants, and Children (WIC), and the State Children's Health Insurance Program (CHIP) can also be implemented or integrated through these invaluable systems.

The 18 SAMHD Public Health clinics and their patients aren't the only ones to benefit from registries. Private providers vaccinate at least 80 percent of the nation's children, and they need the benefits and protections registries offer, as well. With recent upgrades to the Teleform software, which optically reads private provider immunization consent forms, parents can access their children

immunization records quickly with greater accuracy.

Today's working parents share the responsibilities of getting their children to their health care providers for well-care visits. Parents rely on providers to maintain the records. Families that move from place to place are often unable to keep track of records and names of previous providers. Therefore, we need immunization registries to ensure that no child, regardless of economic status, falls through the cracks.

### Benefits of Registries to Parents/Practitioners

- Easily obtainable records for school, camp, and daycare enrollment.
- Availability of accurate immunization printout for personal records.
- Generation of appointment reminder cards.
- Reduced red tape when relocating family.

For more information regarding the SAMHD immunization registry contact Walter Widish at 207-8792.

### Influenza Progress Report

The CDC urges all providers who serve high-risk patients to continue informing their clients of the importance of vaccination against influenza. Receiving a flu shot late into the winter season can still provide effective protection against the flu.

The SAMHD received additional shipments of vaccine in November and early December. This vaccine has been designated for specific outreach clinics and is available at all health district clinics for persons who fall into a high-risk category as well as the general healthy population. The cost for a flu shot is \$10.00. Clients who have Medicare, Medicaid, University Health System CareLink, Community First, or CHIP are eligible to receive a flu shot at no cost. The Health District is also offering pneumonia shots for \$10.00.

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Medicare card holders can receive this vaccine at no cost. For a list of clinic locations and times, please call (210) 207-8750.

Other SAMHD health partners that are currently providing the flu vaccine include the following:

- HEB: (210) 930-3454
- Texas MedClinic: (210) 655-5529
- VNA (Visiting Nurses Association): (210) 804-5200
- Davila Pharmacy: (210) 226-5293
- Walgreens Pharmacy: (210) 614-3588

If you have a need to order flu vaccine, please call Rita Salazar of the SAMHD Adult Immunization Program at (210) 207-8877 or Steven Gonzalez at (210) 207-2084 to obtain a listing of vaccine suppliers.

### Vaccine Trial Studies Expand

The San Antonio Metropolitan Health District is conducting a vaccine study on Tripacel, a combination of a 5-component acellular pertussis, adsorbed diphtheria, and tetanus toxoid vaccine developed by Aventis Pasteur Limited. Tripacel is being studied in comparison to Pentacel™, another combination vaccine (containing DTaP, Hib, and IPV antigens) made by Aventis.

The objective of the study is to assess safety and immunogenicity of these vaccines; in addition, the study will monitor the efficacy in inducing the desired immune responses in children when given in combination with other recommended vaccines for the same age group.

Children 6-12 weeks of age and in good health are eligible for this vaccine study. Study participants will receive all of their childhood vaccinations up to 16 months of age at no cost. A blood draw will be required at four of the visits. Parents will be compensated for their travel and parking expenses throughout the

duration of the study. The Tripacel study consists of seven visits over a fifteen-month period. To learn more about this vaccine study and how to participate, please call the SAMHD at 207-6916 or 207-3968.

### Hepatitis A Study

The SAMHD has also begun recruiting children to participate in a GlaxoSmithKline HAVRIX™ Hepatitis A clinical vaccine study. This study, which begins in January 2002, will evaluate the immunogenicity of Hepatitis A when co-administered with routine childhood vaccines. Eligible clients for the Havrix™ Hepatitis A clinical vaccine study include children 11-15 months of age. Children enrolled in this study are required to make 4 visits to the SAMHD during a seven-month period. During this time, they receive all childhood immunizations as well as two doses of Havrix™ Hepatitis A.

Participants enrolled in either study will receive all childhood vaccinations free of charge and will be compensated for their time and travel. If you would like more information or have any patients interested in this or any other studies contact Brenda Lemke at 207-6916.

### Animal Bite? Now What?

Many healthcare providers in our area are faced with clients who need rabies post exposure treatment but may not understand how to obtain the rabies immune globulin (RIG) and rabies vaccine. The San Antonio Metropolitan Health District (SAMHD) serves as a depot for the Texas Department of Health (TDH) for the distribution of RIG and rabies vaccine in Bexar County.

If the exposure results in an emergent situation, the victim should seek immediate treatment in an emergency room. If not, treatment can begin in the primary care provider's (PCP) office. Initial treatment with RIG and rabies vaccine must be completed in a physician's office or an emergency

room. The SAMHD does not administer either RIG or the first dose of rabies vaccine. Once the PCP has evaluated the patient and a determination for treatment is made, the RIG and Rabies vaccine can be obtained from SAMHD with a valid prescription. A valid prescription is required for all purchases of RIG and rabies vaccine. If SAMHD completes the remaining doses of the rabies series, arrangements need to be made in advance to order vaccine and ensure a nurse is available to dispense the vaccine. In addition, this call may help facilitate a smoother understanding for the patient's treatment completion needs. We request that you please not advise clients to just "show up at the Health Department".

Please have the client contact Guadalupe Garza RN, Rabies Surveillance Nurse at (210) 207-2095, Monday –Friday, 7:45-4:30. For after hours or weekend purchases of RIG or rabies vaccine contact TDH at (210) 646-8767. No patient will be refused RIG or rabies vaccine due to inability to pay. Payment plans for the purchase of RIG and rabies vaccine can be arranged through TDH when necessary.

### Perinatal Hepatitis B Prevention Program

According to current Texas Statutes (Texas Administrative Code Title 25, Part 1, Chapter 97), *a physician or other person permitted by law to attend a pregnant woman, must test that pregnant woman for HBsAg on her first visit and at time of delivery.* This test must be performed with each pregnancy regardless of her hepatitis B vaccination status.

Since hepatitis B is a reportable disease in Texas, it must be reported to the San Antonio Metropolitan Health District. When a pregnant woman tests positive for HBsAg, she must be reported on a SAMHD referral form or by calling the Hepatitis B Program at 207-2088.

As is often customary, a copy of the positive HBsAg lab results should accompany the other prenatal records when they are submitted to the hospital prior to the patient's delivery date. This will ensure that the staff in the labor and delivery and/or newborn nursery units will have advanced notice of the HBsAg status of every woman in their care. In addition, it would be advisable to always make sure a copy of the mother's prenatal lab reports are put in the infant's medical record. This will ensure that each infant born to an HBsAg-positive mother will receive timely and proper immunoprophylaxis.

Hospitals are encouraged to establish protocols to administer the first dose of hepatitis B vaccine to all newborns and to ensure that all prenatal women are screened for HBsAg and those infants born to HBsAg-positive mothers are appropriately managed to prevent hepatitis B infection. ***Don't let any mothers or infants slip through the cracks.***

If you provide pediatric care to newborns, knowing the HBsAg status of the mother will help assure that no babies are infected with hepatitis B due to clerical or record error. It is important to remember that infants born to HBsAg-positive women should receive immunoprophylaxis with HBIG, the first dose of hepatitis B vaccine within 12 hours of birth, and post vaccination testing 3-9 months after the last hepatitis B vaccine dose to determine antibody response. In addition, the SAMHD would encourage you to make sure that all newborns under your care receive the first dose of hepatitis B vaccine at birth.

The SAMHD has a Perinatal Hepatitis B Prevention Program that provides free educational and outreach activities and assistance for all pregnant women that are positive for hepatitis B. Follow-up services (testing and immunizations) are also provided free for their infants and household contacts. With the help of



all physicians, nurses and staff, and public health working in partnership we can make sure no baby goes untreated. The reporting of all HBsAg-positive mothers can help eliminate the spreading of hepatitis B infection. For more information on Hepatitis B you may contact Tom Gonzalez, Health Program Supervisor at 207-2088 or Nancy Walea, RN, Hepatitis Coordinator, at 207-2087.

### Rubella and Pregnancy

Rubella can be a disastrous disease if contracted in the early gestational period. It can often lead to fetal death, premature delivery, and an array of congenital defects. The disease is caused by the replication of the rubella virus in the nasopharynx and regional lymph nodes. The disease is most contagious when the rash is erupting but the virus may be shed from 7 days before to 5-7 days after rash onset. The symptoms of the disease are often mild and may not be readily detectable in approximately 30-50% of the cases. These sub-clinical cases may transmit the virus to others including the pregnant woman.

Efforts should be made to identify and vaccinate susceptible adolescents and adults, particular women of childbearing age who are not pregnant. To protect the susceptible individual, two doses of rubella vaccine as part of the MMR vaccine separated by at least 28 days are routinely recommended. Birth before 1957 provides only presumptive evidence of immunity and does not provide a guarantee that an individual is immune. Please note that birth before 1957 is NOT acceptable evidence of immunity to rubella for a woman of childbearing age.

On October 18, 2001, the Advisory Committee on Immunization Practices (ACIP) reviewed data indicating that no cases of congenital rubella syndrome (CRS) had been identified among infants born to women who were vaccinated inadvertently within three months or early in pregnancy. ACIP shortened

its recommended period to avoid pregnancy after receipt of rubella-containing vaccine from 3 months to 28 days.

The SAMHD Rubella Susceptible Program tracks pregnant women who serologically test negative for rubella immunity. Once a physician reports a woman who is susceptible for rubella, a letter is sent to her explaining when she should be vaccinated. The optimum time to receive the rubella vaccine is immediately after she delivers, and before she leaves the hospital. If for some reason she does not receive her rubella vaccine in the hospital, the Program is designed to provide a "fail-safe" through our tracking system to ensure she gets vaccinated. Thus protecting her and any children she may give birth to in the future. Rubella is a reportable disease to the SAMHD. For more information on reporting or to refer a client please call Rose Vasquez, LVN, Health Program Specialist at 207-2091 or Tom Gonzalez, MLT, Health Program Supervisor at 207-2088.

### Status of Current National Vaccine Supplies

#### From the National Immunization Program (NIP)

#### DTaP VACCINE

DTaP vaccine inventory shortages are occurring among many health care providers, both public and private. It appears that the DTaP vaccine shortages may be more acute among providers relying on the public sector for their vaccine supply then for providers whose purchases are made through the private sector. Aventis Pasteur has essentially shut down their contract with CDC, and is selling DTaP vaccine only to private health care providers, limiting product sales to 150-200 doses per provider per month, with greater amounts supplied based on justification. Glaxo SmithKline (GSK) is attempting to meet the need for almost the entire public sector.

#### ACTIONS TAKEN BY NIP

NIP is closely monitoring all DTaP vaccine orders placed through the CDC contract and coordinating vaccine supply with GSK. Shipments are primarily prioritized to grantees reporting 0 dose inventories or inventories of less than 16 days. The amount of DTaP vaccine supplied with each order or in each month is dependent on the amount of product available each month. In cooperation with GSK, every effort will be made to prioritize shipments based on project and national circumstances. Aventis Pasteur will also occasionally honor emergency need orders and those are coordinated through NIP.

#### OUTLOOK

Shortages will continue into the new year. Some providers may find it necessary to suspend 4th and possibly 5th doses of DTaP vaccine based on dictates of their vaccine inventories. Specific reference for such decisions can be found in an MMWR "Notice to Readers," March 19, 2001. It is unlikely the supply of DTaP vaccine will allow for a return to the 5-dose schedule before late Winter or early Spring, 2002. In their December meeting, the ACIP reiterated their previous recommendations that providers with insufficient supplies of DTaP vaccine prioritize vaccinating infants with the initial three DTaP doses, and if necessary, to defer the fourth DTaP dose. The ACIP also added that if deferring the fourth DTaP dose still does not provide enough vaccine to vaccinate infants with three DTaP doses, then the fifth DTaP dose could be deferred. When adequate DTaP vaccine becomes available, steps should be taken to recall all children who did not receive a DTaP dose for remedial immunization.

#### TD TOXOIDS

The shortage of Td toxoids is the most longstanding of any vaccine disruptions. Aventis Pasteur is the only major supplier of Td nationwide. Because of the product shortage, Aventis Pasteur is currently limiting the supply of Td to hospitals,

emergency rooms, and some health departments (usually in rural locations or for international travel). Td boosters for school attendance or as a routine immunization every 10 years are suspended.

### ACTIONS TAKEN BY NIP

CDC has not been successful in negotiating a contract for Td. As a result, all sales and policies are at the discretion of the suppliers. Aventis Pasteur is supportive of state and federal grantee needs for Td in response to emergency situations. The Td needs of New York, New Jersey, and Virginia were fully met by Aventis Pasteur in response to the September 11 catastrophe.

### OUTLOOK

It is likely that Td will be the last of the referenced products to be supplied in sufficient amounts for a return to the full schedule. A return to the full schedule, including routine Td booster doses, may occur in July or August, 2002.

### PNEUMOCOCCAL CONJUGATE (PCV-7)

Providers in both the public and private health care sectors are experiencing shortages of PCV-7. At this time only about 50 to 60% of the national need is being supplied.

### ACTIONS TAKEN BY NIP

NIP is communicating with the ACIP on potential adjustments to the "routine schedule," perhaps prioritizing vaccine to infants and risk groups. NIP is also coordinating with Wyeth-Lederle (W-L) on the supply of all PCV-7 doses purchased through CDC's contract. Highest priority is given to the shipment of PCV-7 to those projects reporting 0 dose inventories or inventories of less than 16 days duration. The amount of PCV-7 supplied with each order or in each month is dependent on the amount of product available each month. In cooperation with W-L, every effort will be made to prioritize shipments based on project and national circumstances.

### OUTLOOK

Comparable shortages in the public and private health care sectors are likely to continue at least through February, 2002. W-L predicts inventory build-up for providers beginning in the Spring, 2002 though supply may not be sufficient for a return to the "routine" schedule before mid-2002. The ACIP will be making revised recommendations to limit pneumococcal conjugate vaccine use until supplies are adequate. This would involve providers decreasing the number of doses administered to healthy infants (deferral of 4<sup>th</sup> dose). Providers should maintain a list of children for whom PCV-7 has been deferred so that it can be administered when the supply situation improves.

**For more information contact Anthony Johnson at 921-1178 or Vivian Flores at 207-2868.**

### New Foreign Travel Clinic

On November 5, 2001 a new SAMHD Foreign Travel Clinic (*The International Travel and Adult Immunizations Clinic*) was opened on the north side of San Antonio. It is located at 8523 Blanco Rd. at West Avenue, in the Valley View Shopping Center and replaces the Fredericksburg Rd. Travel Clinic.

This new clinic will offer the same services as the Downtown Foreign Travel Clinic located at 345 W. Commerce but will only provide services to adult clients instead of both adolescents and adults. For more information about Foreign Travel services, please contact Rebecca Prieto, R.N., at (210) 207-8872.

### Bioterrorism Information

Recent events in Florida, New York, Washington D. C. and elsewhere have raised public concern about bioterrorism, particularly with respect to Anthrax. In response, we have increased our efforts to detect and manage any potential bioterrorist attack in the San Antonio area. We are working closely with local health care facilities and providers, law

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enforcement, fire, emergency medical services, other government officials, and local military installations to quickly investigate and analyze any suspicious substances or unusual illnesses. We have recently obtained specialized laboratory capabilities allowing us to identify several diseases associated with bioterrorism, including Anthrax, and are obtaining additional capability in the near future. For more information go to [www.sanantonio.gov/health/hottopics/bioterrorism.asp](http://www.sanantonio.gov/health/hottopics/bioterrorism.asp).

### City Holiday Calendar

**Day Before Christmas & Christmas  
Day December 24 & 25, 2001  
New Year's Day January 1, 2002  
Martin Luther King Day  
January 21, 2002  
President's Day February 18, 2002**

### Immunization Program Contacts

Program Operations: Mark Ritter, MHA	207-8794
Public Health Advisor: Thomas Finke, MPA	207-2870
Clinical Operations: Lynn Seeman, RN	207-8804
Hepatitis Program/Surveillance/Rabies: Nancy Walea, RN	207-2087
VFC Coordinator: Vivian Flores	207-2868
Vaccine Ordering: Anthony Johnson	921-1178
Infant Action Plan/WIC Linkage: Pamela Williams	207-2869
Vaccine Studies: Brenda Lemke, MHA	207-2859
Registry/Info. Systems: Walter Widish	207-8792
Adolescent/Adult Program: Rita Salazar	207-8877
AFIX/QA Program: Keith Mason	207-8142
Foreign Travel: Rebecca Prieto, RN	207-8872

**SAMHD: [www.samhd.org](http://www.samhd.org)**

**TDH: [www.tdh.state.tx.us](http://www.tdh.state.tx.us)**

**CDC: [www.cdc.gov](http://www.cdc.gov)**

**IAC: [www.immunize.org](http://www.immunize.org)**

